

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT/ST

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	18					
18						
18						
18						

NO.	IND.		DEP.		NO.	IND.		DEP.	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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94									
95									
96									
97									
98									
99									
100									
TOTAL IND.	122	122	122	122					
TOTAL DEP.	155	155	155	155					
122									
155									
155									
155									